IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE:	01/25/2004			S CHECKWRITE SUMMARY REPORT				
				HECKWRITE DATE: 01/27/2004 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	OMORAL MOVEMENT AND	21	1850	DUPLICATE OF CLAIM-SYSTEM				
3404301	SMOKY MOUNTAINM H/DD/SAS	21	1030	BOTHCATE OF CHAIN-SISTEM				
		8599	273	DETAIL NOT COVERED BY COMBINAT	295	2623	10485	7862
				ION OF RECIPIENT, PROVIDER AND	293	2023	10403	7002
				BENEFIT PACKAGE.				
		8931	212	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	8505	2143	CLAIM DENIED DUE TO INSUFFICIE				
	UNITY			NT BUDGET				
		21	88	DUPLICATE OF CLAIM-SYSTEM	0	2251	4423	2172
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	_		_	
				FUTURE RA'S.				
2404								
3404904	WESTERN HIGHLAN DS LME	U	U	*** NO DATA TO REPORT ***				1
	DO LINE							
		0	0					
		0	U		0	0	0	0
3404905	TREND COMM MENT	21	353	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		11	263	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	618	618	0
		5404	2	CRUPPE DIDITOATE, CAMP ATTO DD				
		3404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404907	RUTHERFORD-POLK	21	131	DUPLICATE OF CLAIM-SYSTEM				
	ROIMERFORD-POLK							
		8622	13	60 RESIDENTIAL LEVEL II TREATM	0	144	228	84
				ENT RECEIVED, PA IS REQUIRED	_			
				FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	5254	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	120	FURTHER PROCESSING NECESSARY,	1	5412	5772	360
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		5308	13	PRIOR AUTHORIZED UNITS EXCEEDE				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAR REARI							
		0500	64	DESTI MOS COURDED DV COMPTHES				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	12	227	671	444
				BENEFIT PACKAGE.				
		8505	54	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	11	4113	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8505	93	CLAIM DENIED DUE TO INSUFFICIE	0	4223	4415	192
				NT BUDGET	,			
	+	21	14	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER 3404916	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	PROVIDER NAME	EODO						
3404916		EUDS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916								
	CROSSROADS BEHA	21	29	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		0	0		0	29	377	348
3404917	CENTERPOINT HUM	11	131	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8326	117	ATTENDING PROVIDER NUMBER IS R	2	396	761	365
				EQUIRED WHEN BILLED WITH GROUP	-	330	, 01	505
				NUMBER. ADD ATTENDING NUMBER A				
		21	67	DUPLICATE OF CLAIM-SYSTEM				
3404918	DOOUTHOUSE OF H	11	146	CLIENT NOT ELIGIBLE ON SERVICE				
	ROCKINGHAM CO M ENTAL HEALT		-	DATE				
	2411111 1121121							
		8505	62	CLAIM DENIED DUE TO INSUFFICIE	12	283	1435	1152
		1		NT BUDGET				
		8599	27	DETAIL NOT COVERED BY COMBINAT		<del> </del>	<u> </u>	1
		8599	2.7	ION OF RECIPIENT, PROVIDER AND				
	1	+	1	BENEFIT PACKAGE.	1	<del> </del>		1
		+	1					<del>                                     </del>
3404919	GUILFORD CO MEN	8599	360	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	250	1336	4617	3281
				NT BUDGET				
		21	135	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	8505	73	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE	_			47
				DATE	U	74	121	4/
3404921	ORANGE PERSON C	5312	491	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8505	464	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	72	2041	4605	2564
		+	1	MI DODGEI				<del>                                     </del>
		167	268	NO CHARGE BILLED. ENTER BILLED	1			
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
			1					
3404922	THE DURHAM CENT	21	1339	DUPLICATE OF CLAIM-SYSTEM		<u> </u>		
	ER	+	1			<del>                                     </del>		<del>                                     </del>
		+	1					<del>                                     </del>
		120	214	CLIENT ID NUMBER MISSING OR IN	0	1659	2585	926
				VALID. ENTER CID AND SUBMIT	0	1039	2385	326
				AS A NEW CLAIM				
		8599	66	DETAIL NOT COVERED BY COMBINAT	ļ			
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.	1			
3404923	VGFW AREA AUTHO	8599	241	DETAIL NOT COVERED BY COMBINAT				<del>                                     </del>
	RITY	1	1	ION OF RECIPIENT, PROVIDER AND				<del>                                     </del>
			1	BENEFIT PACKAGE.				
		11	118	CLIENT NOT ELIGIBLE ON SERVICE	8	627	2127	1477
			1	DATE				
	1							
				T.	1	1	i .	Ť.
		9900	102	FIRMUPD DESCRICTIVE NECESSARY				
		8800	102	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	102	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
						-		
3404924	PIEDMONT AREA M	8525	119	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		191	33	CLIENT ID NUMBER DOES NOT MATC	0	152	152	(
				H PATIENT NAME				
3404925		8505	3663	CLAIM DENIED DUE TO INSUFFICIE				
3404923	SANDHILLS CENTE	6505	3003	NT BUDGET				
	R FOR MH/DD			WI DODGEI				
		8800	449	FURTHER PROCESSING NECESSARY,	0	4229	5725	1496
				PLEASE CHECK FOR CLAIM ON		1223	3723	1450
				FUTURE RA'S.				
		8599	71	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	11	2226	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8505	2063	CLAIM DENIED DUE TO INSUFFICIE	1	1	<del> </del>	
		8505	2063	NT BUDGET	115	6730	9374	2644
		+	<del> </del>		<del>                                     </del>			-
		1	<del>                                     </del>		<del>                                     </del>			<del>                                     </del>
		8518	1034	CLAIM DENIED, SUBMITTED BEYOND	<del>                                     </del>			<del>                                     </del>
		1		FILING TIMELIMIT. MAY AND	<del>                                     </del>			
			<b> </b>	JUNE DOS MUST BE SUBMITTED BY	<b> </b>			<del>                                     </del>
								1
3404927	CUMBERLAND CO M	5404	54	SEVERE DUPLICATE: SAME ATTD PR	1			
	HC			OV/PCODE/TOS/DOS/MOD				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE	2	189	1050	861
				DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404929		11	199	CLIENT NOT ELIGIBLE ON SERVICE				
3404929	LEE HARNETT MH/	11	123	DATE				
	DD/SAS			DATE				
		24	65	PROCEDURE CODE, PROCEDURE/MODI	2	328	887	559
				FIER COMBINATION OR PROCEDURE	,	320	007	333
				CODE/TYPE OF SERVICE COMBINATI				
		8599	60	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	120	17	CLIENT ID NUMBER MISSING OR IN				
	MNTL HLTHC			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		1						
		24	13	PROCEDURE CODE, PROCEDURE/MODI	1	55	1599	1544
		1	ļ	FIER COMBINATION OR PROCEDURE	ļ			
		1	-	CODE/TYPE OF SERVICE COMBINATI			<u> </u>	-
		8621	6	60 RESIDENTIAL LEVEL III TREAT	<del> </del>			-
			1	MENT RECEIVED, PA IS REQUIRED				<del>                                     </del>
		1	<del>                                     </del>	FOR ADDITIONAL SERVICE.	<del>                                     </del>			-
		1						
3404931	WAKE CO HUM SVC	8505	1457	CLAIM DENIED DUE TO INSUFFICIE				<del>                                     </del>
	BILLING OF		1	NT BUDGET	1			
			1		1			
		21	241	DUPLICATE OF CLAIM-SYSTEM	0	2001	3938	1937
					1			
		11	203	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
			1					
2404055		1.67	210	W				
3404932	RANDOLPH/SANDHI	167	312	NO CHARGE BILLED. ENTER BILLED				<u> </u>
	LLS CO MH C	1	<b></b>	AMOUNT AND SUBMIT DETAIL AS	<b></b>			<u> </u>
		-	-	A NEW CLAIM	<del>                                     </del>			1
		10	22	DIAGNOSIS OR SERVICE INVALID F	1		_	-
	1	F-	<del>-</del>	OR CLIENT AGE. VERIFY CID,	15	404	948	544
			l					
				DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
		191	18					
		191	18	DIAGNOSIS, PROCEDURE CODE FOR  CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME				
		191	18	CLIENT ID NUMBER DOES NOT MATC				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	469	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	89	CLIENT NOT ELIGIBLE ON SERVICE DATE	32	677	1826	1149
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW COUNTY B EHAVIORAL H	8000	142	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	Dilliv Totalii II							
		8505	131	CLAIM DENIED DUE TO INSUFFICIE	8	510	996	486
				NT BUDGET				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404935	UNION OF MENTAL	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR			y				
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8000	31	NO RATE AVAILABLE ON FILE TO P				
	ENTAL HEALT			RICE THIS CLAIM DETAIL				
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	35	834	799
		11	1	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404937	EDGECOMBE NASH MNTL HLTH C	21	183	DUPLICATE OF CLAIM-SYSTEM				
	MNIL HEIR C							
		8505	160	CLAIM DENIED DUE TO INSUFFICIE	9	549	2162	1613
				NT BUDGET		3.5	2102	1013
		11	66	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404938		0		*** NO DATA TO REPORT ***				
3404930	HALIFAX COUNTYM ENTAL HEALT	0	0	NO DATA TO REPORT				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	11	248	CLIENT NOT ELIGIBLE ON SERVICE				
	ALTH CENTER		1	DATE				
		0500	0.0					
		8599	21	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	1	271	526	255
				BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	120	262	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT		-		
	AS CENTER			AS A NEW CLAIM				
		143	106	CLIENT ID NUMBER NOT ON STATE	10	510	1207	700
				ELIGIBILITY FILE	19	518	1307	789
			-					
		8599	49	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACRAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	11	87	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE	1	88	104	16
				RVICES IN IPRS.	1		104	10
3404943	ALBEMARLE MENTA	8599	59	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	44	CLIENT ID NUMBER NOT ON STATE	42	197	1751	1554
				ELIGIBILITY FILE				
		8931	2.5	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	36	RVICES IN IPRS.				
			-	RVICES IN IFRS.				-
		+	<del>                                     </del>					
3404944	EASTPOINTE HUMA	21	2770	DUPLICATE OF CLAIM-SYSTEM				-
	N SERVICES			71 CANADA				-
	N SERVICES							
		8931	139	AMTNC INELIGIBLE TO RECEIVE SE	250	3238	5957	2719
				RVICES IN IPRS.	230	3230	3937	2/13
		8599	130	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404957	TIDELAND MENTAL	8517	1791	CLAIMS DENIED, SUBMITTED BEYON				
	HEALTH CTR			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8505	1599	CLAIM DENIED DUE TO INSUFFICIE				
		8303	1399	NT BUDGET	0	3608	3635	27
				11 202021				
		11	121	CLIENT NOT ELIGIBLE ON SERVICE				
		1	1	DATE				
		1	1					
			<b>—</b>					
3404959	DAVIDSON CO MEN	8524	140	CLAIM DENIED, PROVIDER MUST BE				
	TAL HLTH CT			DESIGNATED AS A BILLING				
				PROVIDER.				
		0	0		0	140	140	0
3404979	NEW RIVER AREAM	8505	253	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
					-			
		8800	113	FURTHER PROCESSING NECESSARY,	40	508	704	196
			1	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
								1
	1	21	46	DUPLICATE OF CLAIM-SYSTEM		1	l .	1